



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Fraternity & Sorority Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		109808.66
(b) Cash on Hand at Beginning of Reporting Period.....	109808.66	
(c) Total Receipts (from Line 19) .....	25525.00	25525.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	135333.66	135333.66
7. Total Disbursements (from Line 31).....	4479.25	4479.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	130854.41	130854.41
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Fraternity & Sorority Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	23050.00	23050.00
(ii) Unitemized .....	1475.00	1475.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	24525.00	24525.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	24525.00	24525.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1000.00	1000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	25525.00	25525.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	25525.00	25525.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	4401.25	4401.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4401.25	4401.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	78.00	78.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4479.25	4479.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4479.25	4479.25

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	24525.00	24525.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24525.00	24525.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	4401.25	4401.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4401.25	4401.25

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 13  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Fraternity & Sorority Political Action Committee**

**A. Kathleen E. Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4040 S. Dexter Street  
 City Englewood State CO Zip Code 80113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Visionary Consulting Occupation Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 01 / 19 / 2015  
**Transaction ID : SA11AI.17827**  
 Amount of Each Receipt this Period 2500.00  
 Contribution

**B. Joseph Couch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 709 Waveland Drive  
 City Woodstock State GA Zip Code 30189  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Floor & Decor Occupation Manager, Merchandising Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2015  
**Transaction ID : SA11AI.17848**  
 Amount of Each Receipt this Period 250.00  
 Contribution

**C. Cheri DeJong**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1906 Cheyenne Trail  
 City Dalhart State TX Zip Code 79022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AgriVision Farm Management Occupation CFO/Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3750.00

Date of Receipt 01 / 31 / 2015  
**Transaction ID : SA11AI.17846**  
 Amount of Each Receipt this Period 3750.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Fraternity & Sorority Political Action Committee**

**A. Donald DeJong**  
Full Name (Last, First, Middle Initial)

Mailing Address 1906 Cheyenne Trail

City Dalhart State TX Zip Code 79022

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dairy Farmer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 31 / 2015**

**Transaction ID : SA11AI.17847**

Amount of Each Receipt this Period  
**3750.00**

Contribution

**B. Ms. Priscilla Gerde**  
Full Name (Last, First, Middle Initial)

Mailing Address 8303 Tyler Rd

City Battle Ground State IN Zip Code 47920

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 23 / 2015**

**Transaction ID : SA11AI.17832**

Amount of Each Receipt this Period  
**3500.00**

Contribution

**C. Valerie Lawlor**  
Full Name (Last, First, Middle Initial)

Mailing Address 6921 Westlake Avenue

City Dallas State TX Zip Code 75214

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 31 / 2015**

**Transaction ID : SA11AI.17845**

Amount of Each Receipt this Period  
**1500.00**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **8750.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 13
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Fraternity & Sorority Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Diane Murphy</b>		Date of Receipt MM / DD / YYYY 01 / 27 / 2015 <b>Transaction ID : SA11AI.17839</b>
Mailing Address 24561 Kings Road		Amount of Each Receipt this Period 300.00
City Laguna Niguel	State CA	Zip Code 92677
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer The Picerne Group	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Kevin O'Neill</b>		Date of Receipt MM / DD / YYYY 01 / 24 / 2015 <b>Transaction ID : SA11AI.17834</b>
Mailing Address 264 Sir Thomas Lundsford Drive		Amount of Each Receipt this Period 5000.00
City Williamsburg	State VA	Zip Code 23185
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Squire Patton Boggs (US) LLP	Occupation Lobbyist/Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Patty O'Neill</b>		Date of Receipt MM / DD / YYYY 01 / 24 / 2015 <b>Transaction ID : SA11AI.17836</b>
Mailing Address 264 Sir Thomas Lundsford Drive		Amount of Each Receipt this Period 500.00
City Williamsburg	State VA	Zip Code 23185
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer College of William and Mary	Occupation Director of Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 13  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Fraternity & Sorority Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Mr. Ed Pease**

Mailing Address 5147 E. Old Maple Avenue

City State Zip Code  
Terre Haute IN 47803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Rolls-Royce North America Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 /  /   
 01 / 16 / 2015  
**Transaction ID : SA11AI.17824**

Amount of Each Receipt this Period  
1000.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Mr. Scott Wiley**

Mailing Address 3923 Hickory Rock Drive

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
OH Society of CPAs President & CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 /  /   
 01 / 13 / 2015  
**Transaction ID : SA11AI.17823**

Amount of Each Receipt this Period  
1000.00

Contribution

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	23050.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 13  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Fraternity & Sorority Political Action Committee**

**A. Phi Kappa Psi Fraternity**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5395 Emerson Way  
 City Indianapolis State IN Zip Code 46226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2015  
**Transaction ID : SA17.17855**  
 Amount of Each Receipt this Period  
 1000.00  
 Non-Contribution Account

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Fraternity & Sorority Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MAXimum Compliance, LLC**

Mailing Address 4703 Woodway Lane, NW

City Washington State DC Zip Code 20016

Purpose of Disbursement  
Compliance & Bookkeeping Services

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2015

**Transaction ID : SB21B.17860**

Amount of Each Disbursement this Period

669.45

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Omega Financial Inc.**

Mailing Address P. O. Box 2207

City Columbus State GA Zip Code 31902

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2015

**Transaction ID : SB21B.17864**

Amount of Each Disbursement this Period

368.35

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Pennington & Co.**

Mailing Address 501 Gateway Drive  
Suite A

City Lawrence State KS Zip Code 66049-2342

Purpose of Disbursement  
Gen. donor contact,database management-Non-Candidate

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 22 / 2015

**Transaction ID : SB21B.17863**

Amount of Each Disbursement this Period

2750.00

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3787.80

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Fraternity & Sorority Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. The Rap Index, Inc.

Mailing Address 244 Adley Way

City Greenville State SC Zip Code 29607

Purpose of Disbursement  
Advocacy Software, non-candidate

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2015

Transaction ID : SB21B.17861

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

500.00
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4287.80
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Fraternity & Sorority Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. MAXimum Compliance, LLC

Mailing Address 4703 Woodway Lane, NW

City Washington State DC Zip Code 20016

Purpose of Disbursement  
Non-Contribution Account - Compliance & Bookkeeping Services

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	8		2	0	1	5		

Transaction ID : SB29.17862

Amount of Each Disbursement this Period

4	5	.	0	0
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Category/  
Type

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--

Category/  
Type

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4	5	.	0	0
---	---	---	---	---

4	5	.	0	0
---	---	---	---	---